



DIVISION OF DEVELOPMENTAL DISABILITIES
OGEYSIIS TALAABO QORSHEYSAN
ADEEGYADA MEDICAID
PLANNED ACTION NOTICE
MEDICAID SERVICES

MAGACA IYO ADREESKA MACMIILKA/CODSADAHA

MAGACA IYO ADREESKA WAKIILKA

Waxay DDD gaadhad go'aamadan soo socda ee ku saabsan adeegyadaada ama codsigaaga adeegyo.

Go'aankani waxa uu hirgalayaa _____

SABABTA DIIDMADA, YAREYNTA, AMA JOOJINTA ADEEGGA

Taxanahan ama liiskan hoose waxa uu taxayaa lambarada sababaha:

1. Adeeggani kuuma banaana.
2. Adeeggan uma lihid baahi la qiimeeyay.
3. Adeegga uma heli kartid ama uma isticmaali kartid habka aad codsatay.
4. Baahi la qiimeeyay uma lihid qadarka adeegga ee aad codsatay ama aad hore u heli jirtay.
5. Adeegga waxa la laga heli karaa illo kale.
6. Wakhtigan kuuma banaana barnaamijka Medicaid ee dadka saboolka ah (categorically needy Medicaid program).
7. Uma heli kartid ama uma isticmaali kartid adeegga habka aad codsatay.
8. Adiga ama wakiilkaaga ayaa codsaday go'aankan.

GO'AAN

ADEEGGA	GO'AAN	SABAB	QADAR
	<input type="checkbox"/> Yareyn	WAC 388-	Ka:
		Sabab #	Ku:
	<input type="checkbox"/> Diidmo	WAC 388-	
	<input type="checkbox"/> Joojin	Sabab #	
	<input type="checkbox"/> Yareyn	WAC 388-	Ka:
		Sabab #	Ku:
	<input type="checkbox"/> Diidmo	WAC 388-	
	<input type="checkbox"/> Joojin	Sabab #	
	<input type="checkbox"/> Yareyn	WAC 388-	Ka:
		Sabab #	Ku:
	<input type="checkbox"/> Diidmo	WAC 388-	
	<input type="checkbox"/> Joojin	Sabab #	

GO'AAN SII SOCDA

ADEEGGA	GO'AAN	SABAB	QADAR
	<input type="checkbox"/> Yareyn	WAC 388-	Ka:
		Sabab #	Ku:
	<input type="checkbox"/> Diidmo	WAC 388-	
	<input type="checkbox"/> Joojin	Sabab #	
	<input type="checkbox"/> Yareyn	WAC 388-	Ka:
		Sabab #	Ku:
	<input type="checkbox"/> Diidmo	WAC 388-	
	<input type="checkbox"/> Joojin	Sabab #	
	<input type="checkbox"/> Yareyn	WAC 388-	Ka:
		Sabab #	Ku:
	<input type="checkbox"/> Diidmo	WAC 388-	
	<input type="checkbox"/> Joojin	Sabab #	
	<input type="checkbox"/> Yareyn	WAC 388-	Ka:
		Sabab #	Ku:
	<input type="checkbox"/> Diidmo	WAC 388-	
	<input type="checkbox"/> Joojin	Sabab #	
	<input type="checkbox"/> Yareyn	WAC 388-	Ka:
		Sabab #	Ku:
	<input type="checkbox"/> Diidmo	WAC 388-	
	<input type="checkbox"/> Joojin	Sabab #	

FAALOOYIN DHEERAAD AH

XUQUUQDAADA RACFAANKA

Waxa aad haysataa sagaashan (90) maalmood laga bilaabo helista ogeysiiskan oo aad ku codsatid dhageysi maamul (administrative hearing) si aad racfaan ama ambiil uga qaadatid talaabadan.

- Haddii aad imminka qaadatid adeegga ay lacagtiisu bixiso DDD oo aad doonaysid in adeeggu sii socdo inta lagu jiro racfaankaaga, waa inaad codsigaaga dhageysi maamul xereysatid ugu dambeyn
- Haddii aad dooratid inaad sii wadatid adeeggaa lacagtiisa la bixyo isla markaana uu go'aanka kama-dambeysta ahi uu taageero talaabada qaybta, waxa laga yaabaa inaad masuul ka noqtid inaad dib u bixisid ama soo gudid ilaa 60 maalmood oo ah adeegyada lacagtoodii lagaa bixiyay.
- Haddii aanad doonaynin in adeegyada lacagtooda lagaa bixyo sii socdaan, la soo xidhiidh:

MAAMULAHA FAYLKA/ADEEGGA

oo laga helo

LAMBAR TELEEFON

Waxa aad leedahay xuquuqdan soo socota:

1. In wakiil ama qareen aad yeelatid (waxa laga yaabaa inuu kuu banaan yahay gargaar sharci oo bilaash ah);
2. In aad codsatid koobiga faylkaaga iyo dhamaan warka ay dib u eegtay DDD si ay u gaadho go'aankeeda;
3. In aad keentid dokumentiyo marag-kac ah;
4. In aad marag ka bixisid dhageysiga iyo in aad keentid markhaatiyo adiga kuu marag fura; iyo
5. In aad su'aalo weydiisid markhaatiyada maragga u furaya wasaaradda.

Waxa halkan la socda foomka lagu codsado dhageysi maamul (administrative hearing).

SU'AALO

Haddii aad qabtid su'aalo ku saabsan go'aankan ama habka racfaanka, fadlan la xidhiidh:

MAGAC	LAMBAR TELEEFON	XAFIIS DEGMO
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**OGEYSIISKA TALAABO
QORSHEYSAN
ADEEGYADA MEDICAID EE DDD
CODSI DHAGEYSI**

Marka la eego 'Chapter 388-02' ee xeerka dhageysiga DSHS.

FOR AGENCY USE ONLY

Oral request taken by:

NAME

TELEPHONE NUMBER

INVOLVED DIVISION/ORGANIZATION

U SOO DIR: OFFICE OF ADMINISTRATIVE HEARING (OAH), MAIL STOP: 42489
PO BOX 42489
OLYMPIA WA 98504-2489

FAAKIS: 360-586-6463

Waxa aan codsanayaan dhageysi sababta oo ah waxa aanan raali ka ahayn go'aanka soo socda ee ay gaadhad Wasaaradda Adeegyada Bulshada iyo Caafimaadka (Department of Social and Health Services) (DSHS):

- Si kooban u sharax waxa ay DSHS sameysay ama aanay sameynin (ku dar bogag kale haddii aad u baahan tahay meel dheeraad ah oo aad wax ku qortid); iyo
- Soo raaci koobiga ogeysiiska aad racfaanka ka qaadanaysid, haddii ay suurogal tahay

MAGACAAGA (FADLAN XURUUF KALA GO'AN)	TAARIKH DHALASHO	LAMBAR SUGID BULSHO (SOCIAL SECURITY NUMBER)
ADREESKA QOKA CODSANAYA DHAGEYSIGA	LAMBARKA AQOONSIGA MACMIILKA (ID)	
MAGAALO	GOBOL	SUMMADA BOOSTA (ZIP)

TELEEFONKA FARIIN

Waxa la i ogeysiyyay go'aanka taariikhdu markii ay ahayd: _____

waxana i ogeysiyyay: _____ TAARIKH

MAGACA IY XAFIISKA DSHS

Waxa aan doonayaa gargaar sii socda, haddii uu ii banaan yaahay: **Haa** **Maya** Barnaamij: _____

Waxa wakiil iga ah (haddii aad wakiil isu tahay ama isu hadli doontid, ha buuxin labada sadar ama layn ee soo socda):

MAGACA WAKIILKAAGA	HAY'ADDA	LAMBAR TELEEFON
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ADREES	MAGAALO	GOBOL	SUMMADDA BOOSTA (ZIP)
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Waxa aan amrayaa in warka ku saabsan dhageysigayga la siiyo wakiilkayga.

SAXEEXAAGA	TAARIKH
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Ma u baahan tahay turjubaan ama gargaar kale ama hoy inta dhageysigu socdo? **Haa** **Maya**

Haddii ay haa tahay, waa maxay afku ama gargaarku? _____

Xaakinnada Sharciga Maamulku (Administrative Law Judges) (ALJ's) waxay dhageysiada qaarkood ku sameyn karaan telefonka. Haddii aad doonaysid inaad u beddelatid dhageysi la is hor imanayo, raac farimaha ku yaala Ogeysiiska Dhageysiga ee uu kuu soodiri doono OAH.

Tixraaca WAC ee Ogeysiiska Talaabo Qorsheysan ee Adeegyada Medicaid

ADEEG	WAC	SABAB
Dhamaan Ka-reebitaanka Xeerka	388-440-0001(1)	Qodobada Ka-reebitaanka Xeerka
	388-106-0815	U-banaanaanta
Adeegyada Qorshaha Gobolka ee Medicaid (Medicaid State Plan Services)		
Adult Day Health (Caafimaadka Dadka Waaweyn ee Maalinta ah)	388-106-0815	U-banaanaanta
	388-106-0810	Sharaxaadda ADH
Private Duty Nursing (Daryeel Kalkaal oo Gaar ah)	388-106-1010(d)	Adeegga PDN iyo shuruudda 4 saacadood oo ah daryeel kalkaal oo aan kala-joogsi lahayn
	388-106-1010	U-banaanaanta
	388-106-1030	Xadka iyo ka-reebitaanka
Medicaid Personal Care (Daryeelka Shakhsiga ee Medicaid)	388-106-0210	U-banaanaanta MPC
Adult In-Home MPC (Qof Weyn oo Guri Lagu Hayo)	388-106-0130; 0135	Yareynta
	388-106-0220	Shuruudda dib-u-go'aaminta/dib-u-qimeyn ta sannadlaha ah
	388-106-0080; 0125; 0130	Qadarka adeegyada
AFH/ARC MPC	388-106-0080; 0115	Qadarka Adeegyada
	388-106-0120	Qadarka Bixinta ee AFH/ARC
Child In-Home MPC (Ilmo Guri Lagu Hayo)	388-106-0120	U-banaanaanta MPC (Diidmo ama Joojin)
	388-106-0213; 0130; 0135	Tilmaan-bixinta Da'da (Yareyn)
	388-106-0220	Shuruudda dib-u-go'aaminta/dib-u-qimeyn ta sannadlaha ah

INSTRUCTIONS FOR MEDICAID SERVICES PLANNED ACTION NOTICE

Notification Requirements

1. A Planned Action Notice must be sent when a service(s) is reduced, denied, or terminated.
2. A request for a specific service can be oral or in writing. A denial of either request requires a Planned Action Notice.
3. All decisions are documented in the client's CARE Service Episode Record.
4. The Planned Action Notice must be sent within 5 working days of the decision date.
5. The Planned Action Notice is addressed to the client regardless of age and a copy sent to their representative per WAC 388-825-100. Use the following order to determine who represents the client:
 - A parent if the client is under the age of eighteen (18);
 - The guardian or other legal representative;
 - Other relative;
 - Other person identified by the client;
 - An advocacy agency.

Completing the form

1. The effective date
 - The effective date of a reduction or termination is always the last day of the month. It is a minimum of 10 working days and a maximum of 90 days from the date the Planned Action Notice is mailed to the client.
2. Services: Choose the service from the attached list of services and WAC references.
3. Decision: Identify the appropriate decision.
4. Reason:
 - Insert the WAC number(s) that give the legal authority for the decision.
 - Insert the corresponding number of the reason(s) listed on the Planned Action Notice for the decision.
5. Amount:
 - Amount and unit of service required for Reductions.
 - Example: Reduced "From" 100 hours per month "To" 80 hours per month.
6. Page two is optional. Use if there are more than two decisions.
7. Instructions for completing a translated form:
 - Enter the information in English
 - Identify each service with a number if there is more than one.
 - Write the number next to the corresponding reference line on the Services/WAC chart and highlight the WAC reference and reason.

Appeal Rights

1. Insert a date in the first bulleted statement ONLY if this is a reduction or termination of an existing service.
2. To calculate the date in the first bulleted statement:
 - Count 10 days from the date the notice is mailed. The 10th day must be a working day.
 - Extend to the end of that month.

Examples:

1. The notice is completed October 10th with anticipated mailing October 11th.
 - Ten (10) days counting October 11th is October 20th.
 - The last day of the month of the 10th day is October 31st.
2. The notice is completed October 20th with anticipated mailing October 23rd.
 - Ten (10) days counting October 23rd is November 1st.
 - The last day of the month of the 10th day is November 30th.
3. Case/Resource Manager name for terminating paid services during an appeal is the CRM responsible for authorizing the client's paid services.
4. The name at the bottom of the form will be determined by regional authority.